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Date: FEBRUARY 23, 2005

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Client/Matter No.: 7290/6

of Pages: 11
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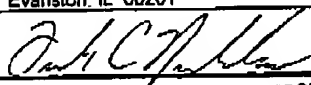
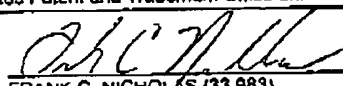
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TRANSMITTAL FORM <small>(To be used for all correspondence after initial filing)</small>	Attorney Docket No.	7290/6
	Application Number	09/898,509
	Filing Date	JULY 3, 2001
	First Named Inventor	RAVNEET SINGH
	Group Art Unit	2141
	Examiner	LIEN, TAN

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response to Non-Final Office Action Dated October 19, 2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Two-Month Extension of Time Request (dupl.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Rounding Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Declaration <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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				Small Entity		or		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x \$25=	0		x \$50=	
Indep.		Minus			x \$100=	0		x 200=	
First Presentation of Multiple Dep. Claim					+ \$180=	—		+ \$380=	
					total add'l fee			total add'l fee	
					\$ 0			\$ 0	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	FEBRUARY 23, 2005
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